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CONFIRMATION NO. 4159

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|---|---|----------------------------------|---|----------------------------|--------------------------------|
| SERIAL NUMBER 10/584,454 | FILING OR 371(c) DATE 02/15/2007 RULE | CLASS 435 | GROUP ART UNIT 1637 | ATTORNEY DOCKET NO. | |
| APPLICANTS Sarman Singh, New Delhi, INDIA; ** CONTINUING DATA ***** This application is a 371 of PCT/IN04/00395 12/22/2004 ** FOREIGN APPLICATIONS ***** INDIA 1598/DEL/2003 12/23/2003 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/02/2007 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY INDIA | SHEETS DRAWING 1 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 4 |
| ADDRESS AIR MAIL SARMAN SINGH DIVISION OF CLINICAL MICROBIOLOGY ALL INDIA INSTITUTE OF MEDICAL SCIENCES NEW DELHIA 110 029, INDIA | | | | | |
| TITLE Oligonucleotides for detection of leishmaniasis and methods thereof | | | | | |
| FILING FEE RECEIVED 1560 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |